U.S. Department of State

CHEST X-RAY AND CLASSIFICATION WORKSHEET

For Use with DS-2053 Complete Sections 1 through 5, As Applicable

OMB APPROVEDS No. 1405-0113
EXPIRATION DATE: 08-31-2007
ESTIMATED BURDEN: 10 MINUTES
(See Page 2 - Back of Form)

Name *(Last, First, MI.)*	Age

Birth Date *(mm-dd-yyyy)*	Passport Number	Alien (Case) Number

1. Chest X-Ray *(Mark All that Apply)*

- ☐ History of Tuberculosis *(TB)* Disease
- ☐ Contact with Person with TB
- ☐ TB Signs or Symptoms
- ☐ Adult *(With or Without Any of the Other)*

(If child does not have any of the above, stop here.)

2. Chest X-Ray Findings

Date Chest X-Ray Taken *(mm-dd-yyyy)* _____

- ☐ Normal Findings
- ☐ Abnormal Findings *(Indicate findings and interpretation, by checking all that apply, and any other in the table below.)*

☐ **Can Suggest ACTIVE TB** *(Need Smears)*	☐ **Can Suggest INACTIVE TB** *(Need Smears if Symptomatic)*	☐ **OTHER X-Ray Findings**
☐ Infiltrate or Consolidation	☐ Discrete Fibrotic Scar or Linear Opacity	☐ **Follow-Up Needed**
☐ Any Cavitary Lesion	☐ Discrete Nodule*(s)* without Calcification	☐ Musculoskeletal
☐ Nodule with Poorly Defined Margins *(Such as Tuberculoma)*	☐ Discrete Fibrotic Scar with Volume Loss or Retraction	☐ Cardiac
☐ Pleural Effusion	☐ Discrete Nodule*(s)* with Volume Loss or Retraction	☐ Pulmonary
☐ Hilar/Mediastinal Adenopathy	☐ Other *(Such as Bronchiectasis)*	☐ Other
☐ Linear, Interstitial Markings		☐ **No Follow-Up Needed for** Pleural thickening, diaphragmatic tenting, blunting costophrenic angle, solitary calcified nodule or granuloma or minor musculoskeletal or cardiac finding
☐ Other *(Such as Miliary Findings)*		

Remarks

3. Sputum Smears

☐ **No, Applicant has No Signs or Symptoms of TB and :**

- ☐ X-Ray Suggests INACTIVE TB, this is a **Class B2/TB**
- ☐ OTHER X-Ray Findings Suggest Follow-Up Needed after Arrival, this is **B Other**
- ☐ OTHER X-Ray Findings Suggest N**o Follow-Up Needed,** this is **No Class**
- ☐ X-Ray Normal, this is **No Class**

☐ **Yes, Applicant has** *(Mark All that Apply)* :

- ☐ Signs or Symptoms of TB Present, See Section 1
- ☐ X-Ray Suggests ACTIVE TB, See Section 2

and Smear Results are:

Positive	Negative	Dates Obtained *(mm-dd-yyyy)*
☐	☐	_____
☐	☐	_____
☐	☐	_____

Sputum Smear Results and X-Ray
At least One Smear Result POSITIVE and

☐ Any Chest X-Ray Finding, this is **Class** *(Normal or Abnormal findings)*

Three Smear Results NEGATIVE and

- ☐ X-Ray Normal with
  - ☐ Signs or Symptoms Resolved, this is **No Class**
  - ☐ Signs or Symptoms Suggest Follow-Up Needed after Arrival, this is **B Other**
- ☐ X-Ray Suggests ACTIVE or INACTIVE TB, this is **Class B1/TB**
- ☐ OTHER X-Ray Findings Suggest Follow-Up Needed After Arrival, this is **Class B**

4. ☐ **No Class** ☐ **Class A/TB** ☐ **Class B1/TB** ☐ **Class B2/TB** ☐ **Class B Other, Follow-Up**

5. Follow-Up Needed After ☐ No ☐ Yes If Yes, for ☐ Not TB Condition ☐ TB Condition

*(If yes, specify condition below **and** on DS-2053; include additional tests, and therapy used with start and stop dates and any changes.)*

Remarks

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: the U.S. Department of State (A/ISS/DIR) Washington, DC 20520.

AUTHORITIES The information is sought pursuant to Sections 212(a), 221(d), 101, and 412(b)(4) and (5) of the Immigration and Nationality Act.

PURPOSE The primary purpose for soliciting medical information is to determine whether an applicant is eligible to obtain a visa and alien registration. This form is designed to record the result of the medical examination required by INA 221(d), which determines whether an applicant has a medical condition that renders the applicant ineligible under INA Section 212(a).

ROUTINE USES The information solicited on this form may be made available to the U.S. Department of Homeland Security for disclosure to the Centers for Disease Control and Prevention and to the U.S. Public Health Service. The information provided also may be released to federal agencies for law enforcement, counter-terrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies for certain personnel and records management matters.

Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.